



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 04 2024 **STAMP**

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 27348		2. Exact name of the Corporation Mathews Herman Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Make charitable contributions to selected charities			
4. NAICS Code 813211					
6. Principal Office Address 5503 Windfield Lane			City Monroe	State GA	Zip 30655
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephanie Herman			Vice-President Name Scot Herman		
Street Address 5403 Castillo Glen			Street Address 8255 S. Las Vegas Blvd. Unit 2001		
City San Diego	State CA	Zip 92130	City Las Vegas	State NV	Zip 89123
Secretary Name Carol K Mathews			Treasurer Name Carol K Mathews		
Street Address 5077 Siros Way			Street Address 5077 Siros Way		
City Oceanside	State CA	Zip 92056	City Oceanside	State CA	Zip 92056
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carol K Mathews			Director Name Lisa Herman		
Street Address 5077 Siros Way			Street Address 5077 Siros Way		
City Oceanside	State CA	Zip 92056	City Oceanside	State CA	Zip 92056
Director Name Coleen Dunne			Director Name		
Street Address 1212 Pacific Beach Drive			Street Address		
City San Diego	State CA	Zip 89123	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Randolph D Dittmar				Date 03/15/24	
Signature of Officer/Authorized Representative 					

MAIL TO:
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